

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/673687	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1				1				
2		1				1			
3		1				1			
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TOTAL IND.	1				2				
TOTAL DEP.	4				8				
TOTAL CLAIMS	5				10				

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